

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757268

FILED
Feb 15, 2011
Secretary of State

Entity Name: FAITH TEAM MINISTRIES, INC.

Current Principal Place of Business:

953 NW 3RD AVE,
SUITE #11
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901000
HOMESTEAD, FL 33090 US

New Mailing Address:

P.O. BOX 901000
12803
HOMESTEAD, FL 33090 US

FEI Number: 59-2107157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, LORI
953 NW 3RD AVE.
SUITE #11
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD
Name: BOWEN, ANA
Address: 953 NW 3RD AVE., SUITE 11
City-St-Zip: FLORIDA CITY, FL 33034 1

Title: PD
Name: PORTER, POWELL
Address: 953 NW 3RD AVE., SUITE 11
City-St-Zip: FLORIDA CITY, FL 33034 1

Title: TD
Name: SPIELMAN, DONNIE
Address: 953 NW 3RD AVE., SUITE 11
City-St-Zip: FLORIDA CITY, FL 33034 1

Title: D
Name: PORTER, ANETTE
Address: 953 NW 3RD AVE., SUITE 11
City-St-Zip: FLORIDA CITY, FL 33034 1

Title: VD
Name: LORI PORTER
Address: 953 NW 3RD AVE., SUITE 11
City-St-Zip: FLORIDA CITY, FL 33034 1

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNIE SPIELMAN

TD

02/15/2011

Electronic Signature of Signing Officer or Director

_____ Date